

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | KM | 108231 | 8/6/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | UNUMS | 108231 | 8/6/00 |
| RESPONSE FORMALITY REVIEW | UNUMS | 108231 | 8/6/00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
— (Through numeral) Canceled A Appeal
÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 9/1/00 |
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| 15 | ✓ | ✓ | |
| 16 | ✓ | ✓ | |
| 17 | ○ | ✓ | |
| 18 | ✓ | ✓ | |
| 19 | ✓ | ✓ | |
| 20 | ✓ | / | |
| 21 | ○ | / | |
| 22 | ✓ | | |
| 23 | ✓ | ✓ | |
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| 40 | ✓ | ✓ | |
| 41 | ✓ | ✓ | |
| 42 | ✓ | / | |
| 43 | ✓ | ✓ | |
| 44 | K | ✓ | |
| 45 | ✓ | ✓ | |
| 46 | ✓ | ✓ | |
| 47 | ✓ | ✓ | |
| 48 | ✓ | ✓ | |
| 49 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)